

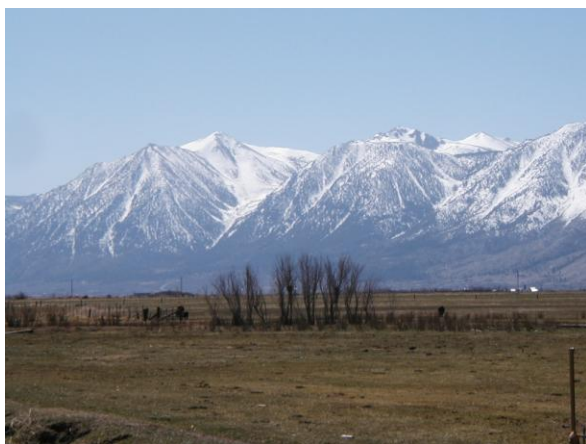


The Partnership of Community Resources Presents

Douglas County's Community Prevention Plan

A blueprint for future prevention programming

2008 UPDATE



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Executive Summary

The Partnership of Community Resources is a community coalition founded in 1992 to support and strengthen networking amongst Douglas County residents and bring new programming into the community while attempting to eliminate duplicate services for the same target populations. The Board and Advisory Teams work together to: 1) address countywide health issues, 2) share information, 3) provide up-to-date training, 4) be consistent and strategic as a community, and 5) facilitate the development of countywide strategies to affect the issues of youth and family substance abuse, violence, mental health and economic challenges.

Utilizing the *Strategic Prevention Framework* model and the *Search Institute's Asset* model, the Partnership and community collaborators work together to centralize data collection, assess needs, prioritize risk and protective factors and build assets around prioritized risk factors. Information collected helps guide and develop the Community Prevention Plan in updates such as this one, determine appropriate strategies, implement model as well as innovative programming, and evaluate the outcomes of such strategies.

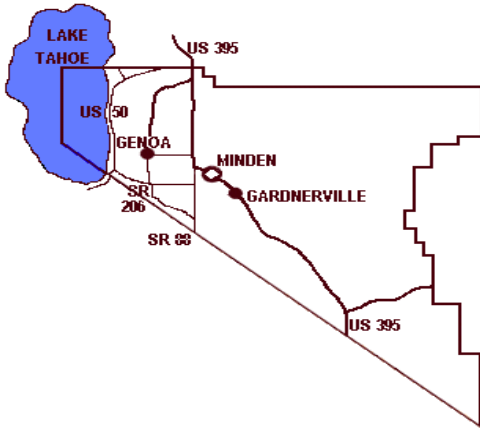
The purpose of this document is to create a common focus, include all segments of the population when possible, and outline a system of service development and delivery. The idea is to make a positive impact on Douglas County residents by thoughtfully following a research based system to improve the health and well being of youths, families and senior members of our community. Through implementation of the strategies and tactics included in this document, an impact can be made in areas of youth and family substance abuse, violence, mental health and poverty without duplication or inconsistent outcomes.

The Partnership of Community Resources Team: Board of Directors, Executive Director and staff, hope the information provided will assist the reader to understand all aspects of community prevention planning.



A group of community systems, programs, offices, departments and individuals that make a commitment to work together to move forward a common vision. Each member participates in a process of shared decision-making and allocates resources to support activities designed to meet mutually identified goals.

The Strategic Prevention Framework



The Partnership of Community Resources Coalition used the *Strategic Prevention Framework (SPF)* to create this update to the Comprehensive 2004 Community Prevention Plan. The SPF was created by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is built on science-theory, evidence-based practices, and the knowledge that effective prevention programs must engage individuals, families, and entire communities. The SPF's five-step process assists coalitions in developing the infrastructure needed for community-based, public health approaches leading to effective and sustainable reductions in alcohol, tobacco, and other drug use and abuse. The five steps are:

- Step 1: Assessment – Collect data to define problems, resources, and readiness within a geographic area to address needs and gaps.
- Step 2: Capacity – Mobilize and/or build capacity within a geographic area to address needs.
- Step 3: Planning – Develop a comprehensive strategic plan that includes policies, programs, and practices creating a logical, date-driven plan to address problems identified in Step 1.
- Step 4: Implementation – Implement evidence-based prevention programs, policies, and practices.
- Step 5: Evaluation – Measure the impact of the SPF and the implemented programs, policies, and practices.



The *Strategic Prevention Framework* will offer new directions with community-focused activities for addressing prevention. It will provide an effective and comprehensive system of prevention services that are sustained, monitored, and evaluated.

Assessment

This section involves the collection of data to define problems, resources and readiness within a geographic area to address needs and gaps. Assessment also involves mobilizing key stakeholders to collect the data and foster the *Strategic Prevention Framework* process. Analysis of the 2008 data indicated that the prioritized risk factors from the 2004 Community Prevention Plan have not changed, as there are some trends toward youth alcohol, tobacco, marijuana and other drug usage. The developmental assets and protective factors were identified in community meeting focus groups and complement the prioritized risk factors. Through this process, PCR has prioritized the following risk factors, developmental assets, and protective factors.

Domains	Risk Factors	Developmental Assets	Protective Factors
Community	Availability of Drugs: Alcohol/Drugs are easily available in the community or youth believe they are easy to get.	Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in community organizations	Healthy Beliefs and Clear Standards
		Young person serves in the community one hour or more per week	
Family	Family Management and Conflict: Families have a hard time managing their lives; including monitoring their children and setting clear expectations. Families experience a lot of conflict.	Family life provides high levels of love and support	
		Family has clear rules and consequences, and monitors young people’s behavior	
School	Academic Failure: Youth are experiencing academic failure beginning in late elementary school.	Young person is actively engaged in learning	Opportunities and Rewards for Pro-social School and Community Involvement
		School provides clear rules and consequences	
Individual/ Peer	Alienation and Rebelliousness: Youth feel disconnected and are rebelling against the rules. They do not feel part of the community.	Young person accepts and takes personal responsibility	
		Young person feels he or she has control over “things that happen to me”	
		Young person reports that “my life has a purpose”	
	Early Initiation: Youth are using substances and acting out at an early age.	Young person’s best friends model responsible behavior	
		Young person believes it is important not to be sexually active or to use alcohol or other drugs	

Trend Data

PCR tracks the Substance Abuse Mental Health Services Administration (SAMHSA) four-core measures as part of its assessment process. The following charts demonstrate core measures of alcohol, tobacco, and other drug (ATOD) use rates, attitudes, and perceptions for Douglas County middle and high school students.

Noteworthy observations:

- A growing number of youth feeling unsafe or threatened at school or in the community.
- A growing number of middle school youth carrying weapons at school and in the community.
- School Attendance rates have improved
- Methamphetamine use is down for both middle and high school youth
- Many questions were changed or eliminated on the 2007 Youth Risk Behavior Survey, making some trend observations difficult. PCR will be collecting this missing data utilizing the Douglas High School Advanced Placement Statistics students. The 2007 data appears on the chart under the *Collaborative Data Project* heading.

Youth Risk Behavior Survey Trends 5-20-08

Indicator	2007		2005		2003	
Youth Risk Behavior Survey	MS	HS	MS	HS	MS	HS
<u>Current Use:</u> In past 30 days:						
Smoked cigarettes at least once	13.4	24.9	8.1	24.1	13.1	25.2
Smokeless Tobacco at least once	4.2	5.3	1.6	5.0	4.1	8.9
Drank Alcohol (5+ drinks)	na	32.0	8.1	26.6	13.7	35.1
Smoked Marijuana at least once	11.0	25.5	6.1	18.3	12.2	25.4
Sniffed or Inhaled to get high at least once	12.7	4.3	8.9	3.9	13.1	6.3
Rode in Car w/driver using alcohol at least once	39.4	29.1	18.1	25.2	21.6	30.4
Drove a car after drinking at least once	na	13.8	5.3	12.9	8.8	17.3
Felt unsafe in school or to or from school	9.1	7.1	6.8	5.9	12.4	4.2
Offended, threatened because of ethnicity	16.1	19.2	19.1	15.4	20.5	12.1
Offended, threatened because of gender	na	na	13.9	12.5	18.5	13.8
Carried a knife, gun or club	37.1	22.0	15.6	19.9	19.8	17.6
Carried a knife, gun or club at school	9.0	6.2	4.4	5.2	5.7	6.2
<u>Age of Onset:</u> Percentage who first used before age 13						
Tobacco	14.7	17.4	10.8	17.1	16.3	19.8
Alcohol	31.4	26.2	28.9	26.9	36.4	28.1
Marijuana	8.8	12.2	5.9	14.1	12.1	11.2
<u>Average Age of Onset</u>						
Cigarettes: Age smoked whole cigarette	10.4	12.9	11.1	11.7	10.7	12.7
Alcohol: Age more than sip	10.5	13	10.4	10.8	10.3	12.9
Marijuana: Age "tried it"	10.7	13.5	11.1	12.1	11.2	13.9
<u>Perception of Parental Disapproval</u>						
Tobacco	na	na	na	na	na	na
Alcohol at a party (disapprove/greatly)	na	66.0	na	72.6	na	66.3
Alcohol 5+ drinks within a few hours	na	na	na	86.0	na	80.2
Marijuana	na	82.6	89.5	86.1	85.3	86.2
<u>Perception of harm or risk from use:</u> moderate or great risk						
Tobacco (pack or more a day)	na	na	82.6	90.8	80.7	93.8
Alcohol 5+ drinks within a few hours	na	na	71.4	75.3	69.4	74.6
Marijuana (occasionally)	na	na	75.3	56.6	69.9	55.6

	2007 MS	HS	2005 MS	HS	2003 MS	HS
<u>Life Time Use:</u>						
Methamphetamine	2.8	7.2	3.6	10.6	7.2	13.1
Cocaine	5.1	14.2	3.8	13.1	7.7	14.5
Over the Counter drugs to feel high	4.4	20.2	5.2	18.6	8.4	23.1
Steroids w/o prescription	2.6	5.1	na	4.6	na	5.7
Other Illegal Drugs (heroin, hallucinogens depressants, tranquilizers)	na	17.0	2.8	16.4	7.9	16.8
Sniffed glue, breathed aerosol spray can to get high	12.7	13.2	na	12.8	na	17.9
<u>Problem Behaviors:</u>						
School Attendance: Miss>2-3 days/mo	6.5	7.5	15.5	18.7	17.0	26.0
School/non-school activities:>1 regularly	M	M	78.9	72.3	75.3	69.8
Depression: Sad/hopeless in past 12 mo	23.0	26.3	22.0	28.7	26.2	27.4

NA- question was not asked on the 2007 survey

M – missing. Question not asked the same as in 2005 and 2003, so comparison can be made

Gateway Drugs

It was just Pot.
Hanging out with some new friends. They liked me for
Who I really was.
We had fun. A lot of fun.
The Pot was great but then we found something better.
Meth has a great high. Next thing I knew, I skipped
school and work. Left home 'cause I couldn't get along
With my family. Came back 'cause I was out of money.
Left again to live with this guy who gave me
Meth for free.
Well sort of for free.
He's in jail now so I'm on my own again.
Can't go home.
Can't keep a job.
Can't live without Meth.

It was just Pot.....
Marijuana IS a gateway drug!

The Partnership collects data on drugs that have been proven to lead to further drug abuse and problem behaviors (tobacco, alcohol and marijuana). A comparison is made and trends are considered when developing strategies to reduce substance use amongst Douglas County youth. Trend data is collected from Youth Risk Behavior Surveys (YRBS) taken by students in the spring bi-annually. Students in advanced placement statistics classes at Douglas High School are hired each year to survey sophomores, juniors and seniors, using the same core questions as on the YRBS.

ALCOHOL and TOBACCO Adult Role Model Behavior

Drinking/smoking prevalence in Douglas County:

- The total drinking and driving prevalence translates to a considerable number of adults each month who acknowledge having driven after drinking. With our youth observing this adult behavior, it is not surprising that the number of high school students reporting they have driven after drinking has risen from 12.9 in 2005 to its current level of 13.8.
- This data relates to the identified issues in the family domain.

Indicator	Douglas County 2007 Telephone/ Convenience Survey of Adults	High School 2007 YRBS	Healthy People 2010
Regular/Occasional Smoker	16.7	14.9	12.0
Smokeless Tobacco		5.3	
Smoking Cessation Attempts	66.0		75.0
Drove after drinking	23.8	13.8	
Current Drinker (1+ drinks in 30 days)	59.2	46.2	50.0
Binge Drinker (5+ drinks in few hours)	16.0	32.0	6.0

Collaborative Data Project

Douglas High School 2005 - 2008 AP Statistics Class Data Collection

The Nevada Department of Education, provider of YRBS data in odd numbered years, changes question wording, data presentation (age, grade, ethnicity) and deletes questions entirely from survey to survey. To obtain consistent data for gateway drugs in Douglas County the Partnership is fortunate to have formed a collaborative with Douglas High School statistics classes. The Douglas High School AP Statistics class is asked to mirror five core measures: Average age of onset, perception of harm, perception of parent disapproval, perception of peer disapproval and 30 day use.

Statistics classes have supported data collection efforts for the Partnership since 2005.

140 Respondents DHS 2005	%/yr
Age of Onset: May have been calculated differently by DHS	
Alcohol	13.1
Tobacco	13.2
Marijuana	13.8
Perception of Harm:	
Alcohol	85.7
Tobacco	89.1
Marijuana	66.2
Perception of Disapproval (Parent)	
Alcohol	91.2
Tobacco	81.2
Marijuana	87.9
Perception of Disapproval (Peer)	
Alcohol	32.1
Tobacco	35.0
Marijuana	34.3
30 Day use:	
Alcohol	43.1
Tobacco	22.6
Marijuana	20.4

The following are comparisons made between AP student surveys in 2006 and 2007.

Beginning in 2006 data was reported by age, then in 2008 reported by grade. Douglas High School is a grade 10-12 school.

2006 142 Respondents DHS					2007 147 Respondents DHS				
Age of Onset:	15	16	17	18	Age of Onset:	15	16	17	18
Alcohol	12.8	13.5	13.63	14.5	Alcohol	NA	12.8	13.0	13.37
Tobacco	13.25	13.4	13.62	15.0	Tobacco	NA	13.2	14.0	14.37
Marijuana	12.8	14.4	14.59	14.0	Marijuana	NA	13.7	13.75	14.77
Perception of Harm:	15	16	17	18	Perception of Harm:	15	16	17	18
Alcohol	94.0	NA	55.0	100	Alcohol	NA	82.5	87.2	66.66
Tobacco	100	96.0	89.4	100	Tobacco	NA	93.5	93.5	83.33
Marijuana	61.0	56.0	63.7	75.0	Marijuana	NA	81.0	57.45	50.0
Perception of Disapproval (Parent)					Perception of Disapproval (Parent)				
Alcohol	84.90	90.0	91.4	85.7	Alcohol	NA	89.0	89.0	77.78
Tobacco	89.0	86.0	53.1	46.4	Tobacco	NA	72.5	71.4	66.66
Marijuana	94.0	86.0	85.0	89.3	Marijuana	NA	93.0	81.0	85.18
Perception of Disapproval (Peer)					Perception of Disapproval (Peer)				
Alcohol	11.0	42.5	31.9	28.6	Alcohol	NA	34.5	10.5	24.0
Tobacco	44.0	44.0	46.8	28.6	Tobacco	NA	35.5	17.0	20.37
Marijuana	28.0	28.0	42.5	46.4	Marijuana	NA	32.5	15.5	27.77
30 Day use:	15	16	17	18	30 Day use:	15	16	17	18
Alcohol	39.0	48.0	50.0	57.1	Alcohol	NA	19.5	42.5	75.55
Tobacco	22.0	28.0	21.7	32.1	Tobacco	NA	13.5	21.5	41.82
Marijuana	11.0	32.0	21.7	17.9	Marijuana	NA	6.15	21.5	23.64

Areas to concentrate efforts surround responses from the 18 year old age group. In all cases, data reported *has worsened* with *increases* in 30 day use, perception of peer disapproval, perception of parent disapproval, and perception of harm. Age of onset has not changed significantly. Gateway Drugs remain an area of concern.

Information gathered in a 2007 focus group of AP Statistics Class students reported:

- Students felt their work was important and valued by the community
- Shocked at some individual answers; like first drink at age 4
- Project was nerve racking be cause if “we got something wrong” it would skew things
- Students would have liked to have collected data from the middle school, liked that the teacher let students do all the work and major decisions were left to students
- Students reported they learned to work together as a group, did the best possible job and are pleased with the results, and felt they did a good job for the community

2008 ---DHS Respondents				
Age of Onset:	Soph	Junior	Senior	Total
Alcohol	12.4	13	13.7	13.07
Tobacco	12.5	14	14.7	13.8
Marijuana	13.6	14.5	15.2	14.4
Perception of Harm:				
Alcohol	83.1	66.6	80.2	77.6
Tobacco	92.0	90.8	94.5	92.4
Marijuana	63.0	55.6	60.4	61.0
Perception of Disapproval (Parent)				
Alcohol	92.0	82.7	75.8	82.5
Tobacco	85.0	59.7	86.8	78.9
Marijuana	92.0	86.6	85.7	87.4
Perception of Disapproval (Peer)				
Alcohol	32	34.6	27.5	30.5
Tobacco	30	missing	28.6	33.0
Marijuana	26	40.5	46.4	28.6
30 Day use:				
Alcohol	41.0	48.2	52.0	48.4
Tobacco	31.0	27.8	40.7	34.08
Marijuana	31.0	25.9	28.8	28.7

2008 students participated in a focus group after completing the project and reported:

- The class was able to apply statistical knowledge to a real life project.
- They “really accomplished something”.
- There was a high degree of responsibility. They gained knowledge and developed job skills.

Did you think about what answers you might receive before beginning the project? If so, were the answers you received the ones you expected?

- Yes, I thought I knew how people would respond. It was very interesting to look at trends when we compared last year’s survey answers to our own.
- Yes, I thought I knew how people would respond. But we received different data than I expected. The numbers of students using drugs is higher than I expected.

Do you feel this project will be valuable to the community?

- Absolutely! The data will focus on different aspects. We can now look at specific age groups, etc.
- Yes, the data shows where we need improvement, and what is working and can be left alone for now so we can focus on what needs improvement.
- The data tells us what to use our resources on.



Beginning in 2005-06, all participants in sports, clubs and activities are required to follow policies established by the Douglas County School Board for Alcohol, Tobacco and Other Substance violations.

Statewide, in 2004-2005, 45 offenses were reported and in 2005-2006 the number of offenses increased to 120 showing that the policy is enforced statewide. In 2006-2007, offenses numbered 155 (117 for alcohol, 10 for tobacco, 28 for other substances). Douglas violations are shown in the chart on the right.

Nevada Interscholastic Activities Association		
Douglas County Alcohol Violations		
2004-05	2005-06	2006-07
4	12	2

How High School and Middle School students acquired alcohol (YRBS)						
	2003		2005		2007	
	MS	HS	MS	HS	MS	HS
Never had a drink Other than a few sips	58.2	23.7	65.7	29.6	60.5	26.2
Home—Parents	17.6	13.7	18.5	16.2	na	12.1
Home—Parents Didn't Know	6.4	6.6	5.4	6.3	na	5.0
From Friends	8.3	34.7	6.4	33.1	na	55.6
Adults Asked to Buy	2.5	5.0	1.4	4.0	na	10.8
Bought Myself	1.5	6.8	.7	1.5	na	1.9



Availability of Drugs continues to be a prioritized risk factor because access continues to be an issue. Alcohol is available to youth in Douglas County through parents, adults and friends. There is a slight decrease in parents knowingly providing alcohol and a marked increase in asking adults to purchase.



TOBACCO SURVEY DATA

2007 Adult Tobacco Second Hand Smoke Survey Conducted by Douglas High School Statistics Class Spring 2007

Students in Statistics at Douglas High School conducted an Adult Second Hand Smoke Survey in the Carson Valley. 341 participants completed the survey, 18 years of age and older.

Key findings:

- 68% did not have children living with them
- Only 34% indicated a high level of concern for the health of people regularly exposed to second hand smoke, while a greater number (64%) indicated a higher level of concern for the health of children regularly exposed to second hand smoke
- 34% of smokers reported smoking between 1-5 cigarettes per day; 47% of smokers reported smoking between 6 and more than a pack a day
- 66% reported having tried to quit
- If offered a free service to help quit use of tobacco products, 66% indicated they *would not* take advantage, while 34% said they would take advantage of a free service

Nevada Adult Tobacco Survey 2008

This survey was conducted between January and March 2008 and paid by the Fund for a Healthy Nevada. It was a random dial telephone survey with 2,400 respondents: 800 from Washoe County, 800 from Clark County and 800 from rural counties. Selected findings are as follows.

- The statewide adult smoking prevalence is 19.9%
- 54% of respondents are aware of assistance that might be available to help them quit smoking, such as telephone quitlines, local health clinic services, and community programs
- 80% of respondents reported not being exposed to other family members' or visitors' tobacco smoke at home
- 77% of respondents report that smoking is not allowed anywhere inside their home
- 73% of respondents report that smoking is never allowed in their car

Douglas High School 2008 Statistics Class Data Collection Project

In April 2008, students were asked to develop, administer and analyze a survey to capture the community's perception about suicide. They conducted the survey at the Annual Business Showcase, Rite-Aid, Scolari's, Smith's and Raley's. 424 surveys were completed, 260 females and 164 males.

When asked:

- 1) How much of an issue, if any, is suicide in Douglas County?
75% of females believe suicide is a moderate to severe issue
59% of males believe suicide is a moderate to severe issue
- 2) How much of an issue, if any, is substance abuse in Douglas County?
94% of females stated that substance abuse is a moderate to severe issue
89% of males stated that substance abuse is a moderate to severe issue
- 3) How much of a relationship, if any, is there between substance abuse and suicide?
94% of females believe there is a moderate to strong relationship between substance abuse and suicide
85% of males believe there is a moderate to strong relationship between substance abuse and suicide
- 4) Prior to this survey, did you have any knowledge of the "choking game"?
53% of females knew of the "choking game" and what it meant
43% of males knew of the "choking game" and what it meant
- 5) How much of an issue, if any, is the "choking game" in Douglas County?
53% of females believe the "choking game" is a moderate to severe issue
34% of males believe the "choking game" is a moderate to severe issue

Participants of the statistics class took part in a focus group after analyzing survey results.

When you heard about this project, what was your first impression?

- I thought it sounded interesting. Suicide is a serious issue and I wondered what I would find out.
- I was interested. I had never heard of the choking game and was unsure how to get people to answer questions about this tough issue.
- The public might be hesitant to answer

Did you think about what answers you might receive before beginning the project? If so, were the answers you received the ones you expected?

- Yes, but most of the answers we received were the opposite of what I expected. Also, I expected some non-responses, but not to the questions I thought.
- Yes, and I also expected non-responses. I was surprised at the low number of non-responses. People really tried to take the survey seriously.

Do you feel this project will be valuable to the community?

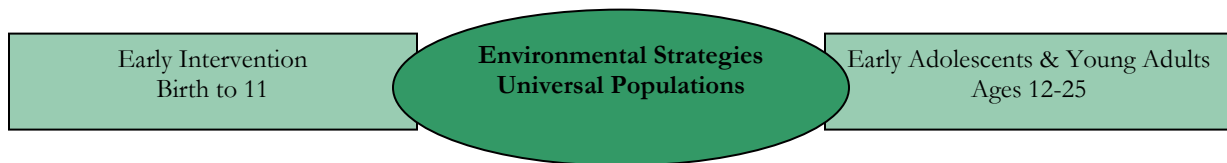
- Yes, if people are more aware of the issue, they may take steps to prevent it. Being uneducated about what is happening could mean they will not do anything about it.
- Yes, people registered either shock about the topic or they were already really educated on the subject. Now more people are aware.

Did this project make you feel valuable to the community?

- Yes, I helped the community by informing them, and I got more information for myself. The more information, the more I can help.
- Yes, I feel great that I helped the Partnership, and the Partnership in turn will help the community.
- Overall, I felt valuable afterwards. But during the project, I felt like I was bothering people by asking them to take a survey. Then when we reviewed our data, I felt good about what we had done.

Surveys such as the one completed by the statistics class assist the Partnership to direct environmental strategies, develop community presentations to target audiences and provide information to other agencies and non-profits.

Target Populations to Address



Utilizing data relating to the prioritized risk factors and protective factors, specific segments of the population have been prioritized to address regarding alcohol and other drug usage. The General Membership of the Partnership recognizes that success in DouglasCounty has come from starting early with intervention, education and support programs. These early intervention efforts target the risk factors of Family Management, Family Conflict and Academic Failure. The 12-25 year old population will target the risk factors Availability of Drugs, Early Initiation, and Alienation and Rebelliousness.

Environmental strategies target a universal population, while small programs target selective or indicated populations that are referred or mandated to services.

Resources to Address Priorities and Target Populations: shaded areas indicate a change since the 2007 update.

Existing (If new since 2007 Community Prevention Plan update, shaded)		Needed (If completed since 2007 Community Prevention Plan update, shaded)
State Incentive Grant (CSAP)	Funding	Private funding
Substance Abuse Prevention and Treatment Agency (SAPTA)		SPF SIG, Methamphetamine, SPI, SAPT Block Grant
Fund for a Healthy Nevada		Reynolds Foundation Grant
Foundations		Mentoring Grant (Big Brothers Big Sisters began providing Mentoring Services to youth in Douglas County in 2006, reducing the need for the coalition to provide start up funding now funded under SPI
Drug Free Communities (SAMHSA/CSAP)		
Service Club Donations		
Douglas County Commissioners		
Douglas County Sheriff's Office compliance checks and server policies in cooperation with EUDL and our coalition.	Laws, Policies and Norms	Dumpster Diving Policy in Douglas County (County ordinance passed in 2006)
Local businesses allow flex time for employees to volunteer in classrooms to tutor students		GIS mapping framework to define high drug use neighborhoods
Laws for Youth booklet publication bi-annually		Clean Cuisine campaign and the Clean Indoor Air Act passed.
Douglas County School District adoption of NIAA Alcohol and Drug Use Policy		Legalization of one ounce of marijuana ballot initiative soundly defeated.
Cooperative agreement between Washoe Tribe of Nevada and California and Douglas and Carson City Sheriff's Departments		
Douglas County Collaboration between Sheriff's Office and District Attorney for safe party dispersal standardization policy		
Collaboration between the District Attorney's Office, our local Family Resource Center, Probation Department, and the Sheriff's Department to offer services to victims of domestic violence and increase the conviction rates of the perpetrators.		
Stand Tall Don't Fall Prevention Club utilizing environmental strategies to combat underage drinking	Organizations and	No defined programs for 18-25 age group

“REFUSE” training in workshops conducted by Douglas County Sheriffs Office to reduce underage sales of alcohol and tobacco by retail outlet and server personnel		Lack of community wide mentoring program. (Big Brothers, Big Sisters is currently providing Mentoring to youth.) Tahoe Youth and Family Services opened up a teen drop-in center, frequently regularly by about 20 youth.
Parent Network at some schools to check up on parental supervision at youth parties and after school events		Minimal model substance abuse prevention programming within school day or after school Tahoe Youth and Family Services began offering Project Alert in the high school in the spring of 2008, and hope to expand to the middle schools in the near future.
Parenting classes from Family Support Council		Community supported after school programming limited. Boys and Girls Club of the Carson Valley opened Summer 2007
Purple Ribbon Coalition (Service Clubs united to reduce Domestic Violence)		Add Yellow Ribbon to prevention clubs Prevention Clubs have expanded to include topics such as the prevention of suicide, methamphetamine, and other substances.
CASA Volunteers (Court Appointed Special Advocates)		Spanish speakers for referral, outreach and translation Our coalition has acquired a Spanish speaking professional available to meet these needs.
Sheriff's Office Part Time Domestic Violence Advocate , currently a member of our coalition's Special Victims Response Team.		More parents involved in PCR coalition Partnership added parent to Board of Directors in early 2007. A stronger relationship with the parent-teacher organizations in the school district is being forged.
Abby Crossing Shelter (using life skills training)		
Big Brothers Big Sisters began mentoring youth in 2006.		
Newly formed 501 (C) 3 Carson Valley Children's Center to build short term facility for children without foster placements. Austin's House was opened in the summer of 2007.		
Newly formed non profit Austin Kirby Foundation (Austin's House) solely to benefit short term facility above		
Parents Who Care Curriculum through Douglas County Juvenile Probation Now offering Staying Connected With Your Teen.		
Too Good for Drugs and Violence Curriculum through Douglas County Juvenile Probation		
Community Asset Training available through the Partnership and the School District		
Yellow Ribbon Project (Youth Suicide Awareness)		
Substance Free Family Events		

STOP (Students Taking On Prevention) Youth Coalition			
DUILA: Drug Use Is Life Abuse			
SOS support group (Survivors of Suicide)			
Douglas County Sheriff's Office Gang Awareness Project			
Douglas Mental Health Clinic			
"High Five" at Carson Valley Middle School (bullying reduction) Currently offering Safe School Ambassadors program to combat bullying.			
Newly formed coalition for a Boys and Girls Club of the Carson Valley. Boys and Girls Club of the Carson Valley opened at Pau-Wa-Lu Middle School Summer 2007			
TAPP Prevention Club (Teens About Pregnancy Prevention)			
Newly formed 501(C)3 non profit, SUICIDE PREVENTION NETWORK			
RISE-UP: Tri-partite board facilitated by Douglas County Social Services to eliminate poverty in Douglas County			
Juvenile Probation's Alternative Activities Program			
DC TAT Prevention Club (Douglas County Teens Against Tobacco)			
Family Support Council Resource Library	Information and Referrals	Expansion of the "Parent Network" within the community	
Family Support Council Crisis Line			
QPR Training (Question, Persuade, Refer) for Suicide Prevention awareness			
Partnership of Community Resources, Resource Directory and Counselor Directory			
Partnership of Community Resources hired Hispanic Projects Coordinator to address gaps in resource and referral access for Douglas County Hispanics			
Partnership as local source for pamphlets, videos, posters and other materials and serving as a partner of the University of Nevada Reno RADAR Network			
Community Prevention Nights/Town Hall Meetings and Methamphetamine Education and Awareness workshops facilitated by PCR			
Student/Family Community Orientation Packets			
Community needs assessment and data collection			

Technical Assistance with Prevention needs: Information (videos, brochures, pamphlets, hands-on equipment for presentations, research on model programs and innovative response to change)		
Tobacco Prevention, Methamphetamine, Alcohol Point of Sale powerpoint presentations		
Asset Building materials and training		
Nevada 211 - United Way Community Link		
Library resources at Detention and China Spring/Aurora Pines facilities		
Austin's House (facility for foster care temporary placements 0-17 yrs of age)	Equipment and Facilities	Facility for Boys and Girls Club of the Carson Valley Boys and Girls Club of the Carson Valley opened Summer 2007
China Spring and Aurora Pines Facilities		Pro-Teen Virtual Teen Center
Douglas County Youth Detention Center		Community Center for the Carson Valley
		One-Stop Prevention Courtyard

Program and Services Gaps

Demographic	Geographic
<ul style="list-style-type: none"> - Not available for all genders and ethnicities - Systems/funding determine who get services 	<ul style="list-style-type: none"> - Many services not available at the lake
Developmental	Sector
<ul style="list-style-type: none"> - 18-25 year olds - Hispanic language for 18-60 year olds 	<ul style="list-style-type: none"> - Evidence-based programs in the schools We now have Project Alert at the high school - School-based after school programs We now have the Boys and Girls Club of Western Nevada operating out of PauWaLu Middle School and Big Brothers Big Sisters of Northern Nevada just launching a school-based mentoring program.

Capacity

This section involves the mobilization of resources within a geographic area. A key aspect is convening key stakeholders, service providers, and citizens to plan and implement sustainable prevention efforts. This includes the creation of partnerships, ensuring readiness, and building leadership through education and training.

A key aspect of identifying community capacity to deal with substance abuse problems in Douglas County is bringing together lead agencies, individuals, and organizations to plan and implement appropriate and sustainable prevention efforts in the community. PCR has and will continue to accomplish this mobilization in a number of ways:

Projects resulting from Partnership networking:

- Juvenile Probation and Alternative Education partnership (Wilderness Project)
- Mental Health and School District partnership (Yellow Ribbon Project)
- Project Daybreak – respite day care program
- Project Hope – provides assistance to victims of fire
- Leadership Douglas County – county-wide leadership program
- Open Gym Program – provides structured activities one night each week
- Victim Mediation – mediation for first time juvenile offenders and their victims
- Douglas County Alternative Sentencing Division
- Insight Douglas – student assistance group for middle school substance abusers
- CAPASA – group for youth on probation with substance abuse issues.
- Teens With A Future/YouthWorks – After School tutor and volunteer projects
- The Healthy Community Initiative Douglas Community Survey and Workshop Series



- Prevention Clubs for youth focusing on developing environmental strategies to promote alcohol, tobacco and suicide prevention. (Stand Tall Don't Fall, Teens Against Tobacco Use, Yellow Ribbon, Douglas County Teens Against Tobacco, Teens About Pregnancy Prevention). In 2004, STOP or Students Taking On Prevention was founded to blend youth groups together to strengthen community wide prevention strategies.



Environmental Strategy including billboard, movie theatre slides and television commercial organized by Partnership team and STOP youth coalition in 2007, and expanded in 2008 to include tee shirts, water bottles, banners, and posters.

- Annual Drug Free Family Event (businesses and agencies partner)
- Community Prevention Nights and Town Hall Meetings
- Holiday Card Contest: Asset Building Strategy

Committees established from Partnership networking:

- Treatment Services Committee
- Youth Services Task Force
- Grant Opportunities Task Force
- Teen Pregnancy Prevention Council changed to Teens About Pregnancy Prevention
- Drug Free Douglas
- Tobacco Advisory
- Hispanic Advisory
- Methamphetamine Advisory
- Children in Domestic Violence Settings Issues

Workshops provided from Partnership networking:

- Bi-Cultural Awareness Workshop
- Gang Awareness Training
- Resiliency Workshop
- Healthy Community Symposium
- Hispanic Symposium
- Grant Writing: Objectives and Evaluation
- Tobacco Summit
- Literacy Summit
- Everyone's an Asset Builder
- 2005 Conference - Methamphetamine: Old Problem, New Solutions
- 2006 Conference - Prescription and Over-the-Counter Drug Abuse (The Secret Abuse)
- 2007 Conference- Addiction: Losing the Ability to Walk Away
- Environmental Strategies Service Club trainings
- Methamphetamine 101
- Search Institute's 40 Developmental Asset training

Planning

In this Comprehensive Community Prevention Plan the Strategic Plan is divided into three components:

- **The Partnership of Community Resources Board of Directors approves a revised Team Strategic Plan each year. The goals are listed below.**

Goals of the 2008-2013 Board of Director's Strategic Plan

- I. Provide an effective level of service to the increasing population of Douglas County residents, increasing the community involvement in the Partnership Coalition.
 - II. Use the *Strategic Prevention Framework (SPF)* to involve the Douglas County Community in prevention across all ages. The SPF steps include Assessment, Capacity, Planning, Implementation, and Evaluation.
 - III. Seek means to sustain the Partnership of Community Resources substance abuse and wellness coalition including all general operating costs, ability to award prevention funding for model and innovative programs, implement environmental strategies and produce materials relevant to Douglas County like Resource and Counselor Directories.
 - IV. Market the Partnership and its value to the Community, designating staff and volunteers with specific roles linked to Goals and Objectives of this Strategic Plan.
 - V. Infuse Cultural Competency Domains within the framework of the Partnership Organization.
- **The Community "Plan of Action" specific to prioritized risk and protective factors. See next page.**

Strategic Prevention Plan of Action

Risk Factor: Availability of Drugs					
Outcome 1: Youth choose healthy behaviors					
Indicators: Availability of Alcohol, Tobacco and Other Drugs in Douglas County					
Strategies		Tactics		Assets to Address	
1.1	Educate youth regarding peers who are not involved in drug/alcohol activity.	1.1.1	Train core group of youth leaders to educate peers about actual statistics dispelling the myth that “everybody’s doing it”	<ul style="list-style-type: none"> ▪ #12 – School Boundaries ▪ #14 – Adult role models ▪ #30 - Responsibility ▪ #31 – Restraint ▪ #35 – Resistance skills ▪ #39 – Sense of Purpose ▪ spread the message 	
1.2	Educate Douglas residents as to the rate of use of tobacco, alcohol and other drugs.	1.2.1	Publish survey results through a comprehensive media campaign		
1.3	Engage youth to glamorize healthy choices in relation to substance abuse.	1.3.1	Utilize prevention clubs to implement specific environmental strategies		
		1.3.2	Partner existing youth groups with prevention providers to host drug free family nights.		
		1.3.3	Partner with Western Nevada Community College to deglamorize underage drinking		

Risk Factor: Family Management and Conflict					
Outcome 2: Children live in safe and stable families					
Indicator: Rate of domestic violence incidents with children present					
Strategies		Tactics		Assets to Address	
2.1	Educate residents about the wide spread impact of domestic violence across all socioeconomic, race, age, and gender groups.	2.1.1	Hold community events drawing attention to the issue	<ul style="list-style-type: none"> ▪ #1 – Family support ▪ #2 – Positive family communication ▪ #38 – Self-esteem 	
2.2	Encourage community agencies to review the effectiveness of their prevention programs.	2.2.1	Provide technical assistance in locating and implementing evidence-based and promising programs		
2.3	Identify and reduce social norms that contribute to family conflict, abuse, and neglect	2.3.1	Provide opportunities for families that encourage healthy beliefs and clear standards for a healthy lifestyle		
		2.3.2	Educate families on the relationship between alcohol/drug use and family conflict		

Risk Factor: Academic Failure				
Outcome 3: Children succeed in School				
Indicators: Achievement Level Test Assessment scores, Scholastic Assessment Test scores, % of high school dropouts, % of students' with special education IEPs, % of students receiving remediation courses, % of non English speaking students improving test scores				
Strategies		Tactics		Assets to Address
3.1	Increase academic support in the primary grades to develop basic skills	3.1.1	Educate parents, grandparents, and volunteers as teachers	<ul style="list-style-type: none"> ▪ #5 – Caring school climate ▪ #6 – Parental Involvement ▪ #16 – High expectations ▪ #32 – Planning and decision making
3.2	Increase academic performance by enhancing after school programs with academic component	3.2.1	Enhance programs to include academic, multicultural, and art components	
3.3	Publicize and make available school test scores	3.3.1	Distribute information to parents on test taking strategies for their children	

Risk Factor: Alienation and Rebelliousness				
Outcome 4: Youth choose safe and healthy behaviors				
Indicator: Suicide thoughts, plans, and attempts; teen violent deaths; # of youth arrested for problem behaviors				
Strategies		Tactics		Assets to Address
4.1	Enhance opportunities for pro-social involvement by youth and adults in the community.	4.1.1	Offer adults mentoring opportunities with youth in a school setting	<ul style="list-style-type: none"> ▪ #3 – Other adult relationships ▪ #4 – Caring neighborhood ▪ #7 – Community values youth ▪ #22 – School engagement ▪ #36 – Peaceful conflict resolution
4.2	Educate the community as to how survivors of suicide are affected by an individual's choice to attempt suicide.	4.2.1	Create a toolbox of resources relating to the effects of suicide for community members to access.	

Risk Factor: Early Initiation				
Outcome 5: Youth choose healthy behaviors				
Indicator: Age of first use, teen pregnancy rate, % of youth on formal and informal probation, perception of use, school drop out rate				
Strategies		Tactics		Assets to Address
5.1	Enhance positive attitudes for a drug-free lifestyle in grades K-12 by improving environments that are conducive to positive behaviors.	5.1.1	Provide opportunities for positive role models	<ul style="list-style-type: none"> ▪ # – Positive family communication ▪ #8– Youth as resources ▪ #9 – Service to others ▪ #11 – Family boundaries ▪ #15 – Positive peer influence ▪ #35 – Resistance skills
		5.1.2	Provide structured substance abuse programs that include parental involvement	
5.2	Educate parents about early initiation statistics in the community	5.2.1	Provide parents with information regarding warning signs and questions to ask regarding supervision of their children	
		5.2.2	Engage the Parent Teacher Organization to distribute information to parents	

- **Logic models delineating the problem, goals, contributing factors, strategies, activities, benchmarks and outcome measures to address the prioritized risk factors.**

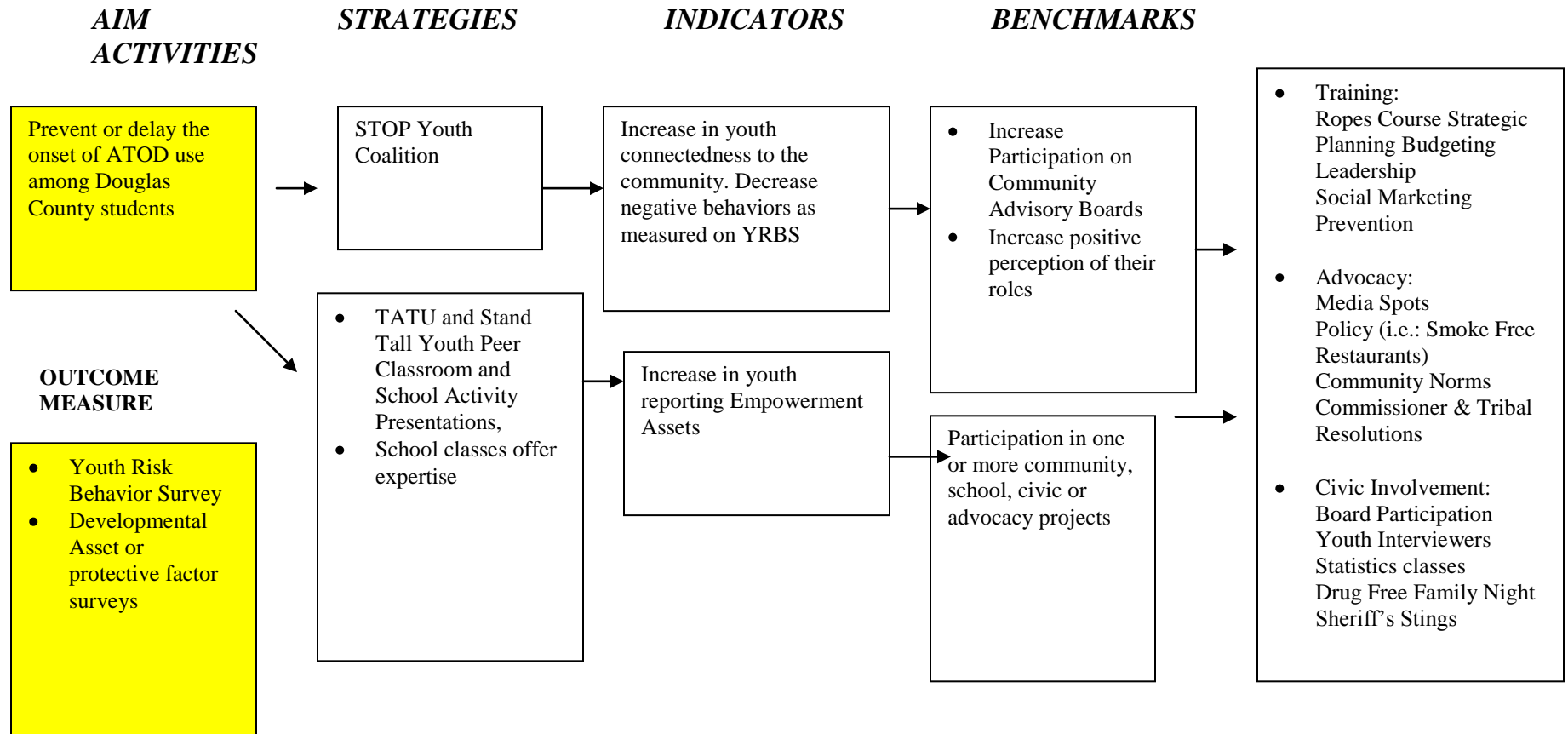
The partners recognize that the strategic plan provides a unique opportunity to advance prevention and coordinate prevention funds and resources. Long-term change will be realized by pursuit of a shared vision and common goals and objectives that improve the well-being of the Douglas County citizens. The expertise and knowledge from multiple agencies, organizations, and key leaders set the foundation to work toward a more cohesive and collaborative system that coordinates and maximizes resources to fill gaps in services and address unmet needs.

Youth Strategies

October 2005 to September 2009

Problem: Youth that feel disconnected from community, are more likely to be involved in problem behaviors.

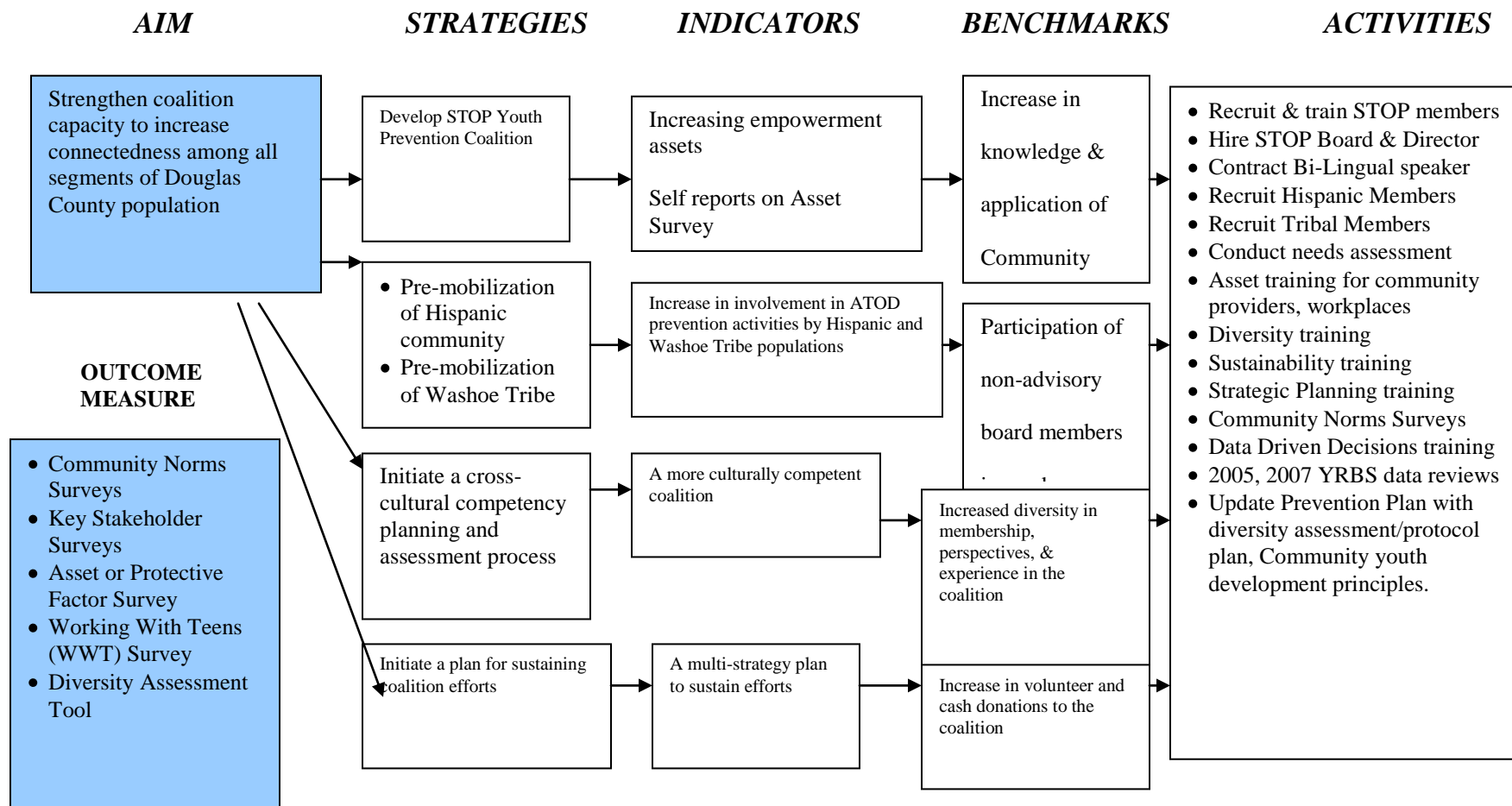
Goal: Improve youth and community connectedness to prevent or delay progression of ATOD use among Douglas County students



Partnership of Community Resources Strategies

October 2005 to September 2009

Improving capacity to increase community connectedness among all segments of Douglas County population will create a healthier community



Methamphetamine Prevention Logic Model 2008-2009

Intervening Variable	Strategy	Activity	Target Population	Deliverables	Performance Indicator	Method & Time of Collection		Proposed Completion Date
Early initiation of ATOD use	Increase youth awareness of the harmful effects of gateway drugs and methamphetamines	Peer education on gateway drugs and meth	Youth 10-18	6 peer educators x 3 classroom presentations	Increase knowledge about ATOD use	Retrospective post survey	End of presentation	5/30/2009
Early initiation of gateway drugs and meth use	Increase youth approval of drug-free lifestyle	Social norms campaign: glamorize the positive	Youth	2 campaigns to reach 1500 youth	Increase perceptions that majority of youth do not use	Focus groups	Pre/post campaign	5/30/2009
Early initiation of gateway drugs leading to methamphetamine use	Increase adult awareness of harmful effects of gateway drugs and methamphetamines	Community education signs/symptoms: Meth 101 training	Schools, parents, civic clubs, employers	12 trainings x 10 participants	Increased knowledge of signs & symptoms of meth use or manufacture, and gateway drug use	Retrospective post survey	End of training	6/30/2009
Methamphetamine availability and early initiation of use	Increase public disapproval of methamphetamine	Anti-meth advertising campaign	Douglas County Residents & visitors	1 advertising campaign x 2 venues x 6 months	Number of people receiving the message	Estimated "reach" for each media venue	Duration of campaign	4/30/2009
Availability of gateway drugs and methamphetamines Community healthy beliefs & clear standards	Increase community participation in ATOD prevention & marketing	Environmental marketing: Signage programs with local businesses Newsbytes	Precursor suppliers, major employers,	2 designs x 40 businesses Quarterly (4) newspaper articles	Number of businesses/ organizations that participate in marketing campaign	Participation tracking	Duration of campaigns	12/31/2008 6/30/2009
Availability of gateway drugs and methamphetamines Community healthy beliefs & clear standards	Increase awareness of physiological effects of methamphetamine on the body	Provide information to recovering addicts	Recovering addicts	1 presentation x 5 adults	Increase knowledge about physiology of use and recovery	Pre/post focus group	Pre/post presentation	6/30/2009
Opportunity for pro-social/school/ community involvement	Increase opportunity for "youth leadership as art" in ATOD prevention	Art as prevention activity Peer education for kids "on the fence" at orientation nights (skit, music)	Youth at transition stages	3 youth x 1 art-as-prevention venue to reach 300 youth audience	Increase number of opportunities for pro-social youth involvement	Event and participation tracking		2/28/2009

Intervening Variable	Strategy	Activity	Target Population	Deliverables	Performance Indicator	Method & Time of Collection		Proposed Completion Date
Poor family management/ ATOD availability	Formalized training for early identification of meth-exposed infants & children	Dr. Holley	Medical practitioners, dental providers, elementary teachers, childcare workers	1 training with CEU's x 20 professionals	Professionals increase likelihood of early identification and referral of drug-exposed or at-risk children	Pre/Post test	Beg. & end of training	3/31/2009
Poor family management; low healthy beliefs and clear standards	Increase healthy beliefs and clear standards for at-risk youth	Alternative activities as prevention <i>or</i> youth leadership projects for youth with parents in treatment	Youth 0-18	5 youth x 9 prevention activities @ 2 hr each during school year	Youth increase understanding of social norms and healthy beliefs	Pre/post test	Beg. & end of involvement in projects	6/30/2009
Opportunity for pro-social/school involvement	Youth-led, youth-driven "alternative businesses activities" SUSTAINABILITY	Business activity (Garden, pottery class & sales, talent show/dinner event)	Youth 12-18	Startup: 3 youth involved in 1 sales event	Activity tracking: business plan, production, marketing & sales of product	Record keeping	Duration of business	6/30/2009

Tobacco Prevention Logic Model 2008-2009

PROBLEM: Early use of tobacco products

GOAL: Raise the age of initiation of tobacco use among young people in Douglas County

CONTRIBUTING FACTORS

Perception that most kids smoke

Perception that smoking is cool

Perception that exposure to second-hand smoke isn't as harmful as smoking

STRATEGIES

Provide education and training to the youth and the community.

Change the misperception that most kids smoke

Change the misperception that smoking is cool

Change the misperception that second-hand smoke isn't as harmful as smoking

ACTIVITIES

Recruit for Douglas County STOP program

Deliver classroom presentations to 4th and 9th graders

Provide training opportunities to educate STOP youth offered by ALA

Offer educational presentations to the community using venues such as health fairs, back-to-school nights, festivals, etc

Offer motivational anti-tobacco speakers to the schools

* Give anti-tobacco educational materials to coaches and athletes

*Offer education on the dangers of second-hand smoke

BENCHMARKS

To hold weekly meetings

To attend club days to recruit

Meet with health teachers to schedule 9th grade tobacco and second-hand smoke presentations

Meet with counselors to schedule 4th grade tobacco and second-hand smoke presentations

Locate informed tobacco speakers

Meet with principals to set up speakers in schools.

OUTCOME MEASURES

Will give Pre and post tests for all presentations within the school settings.

Keep attendance lists for STOP club

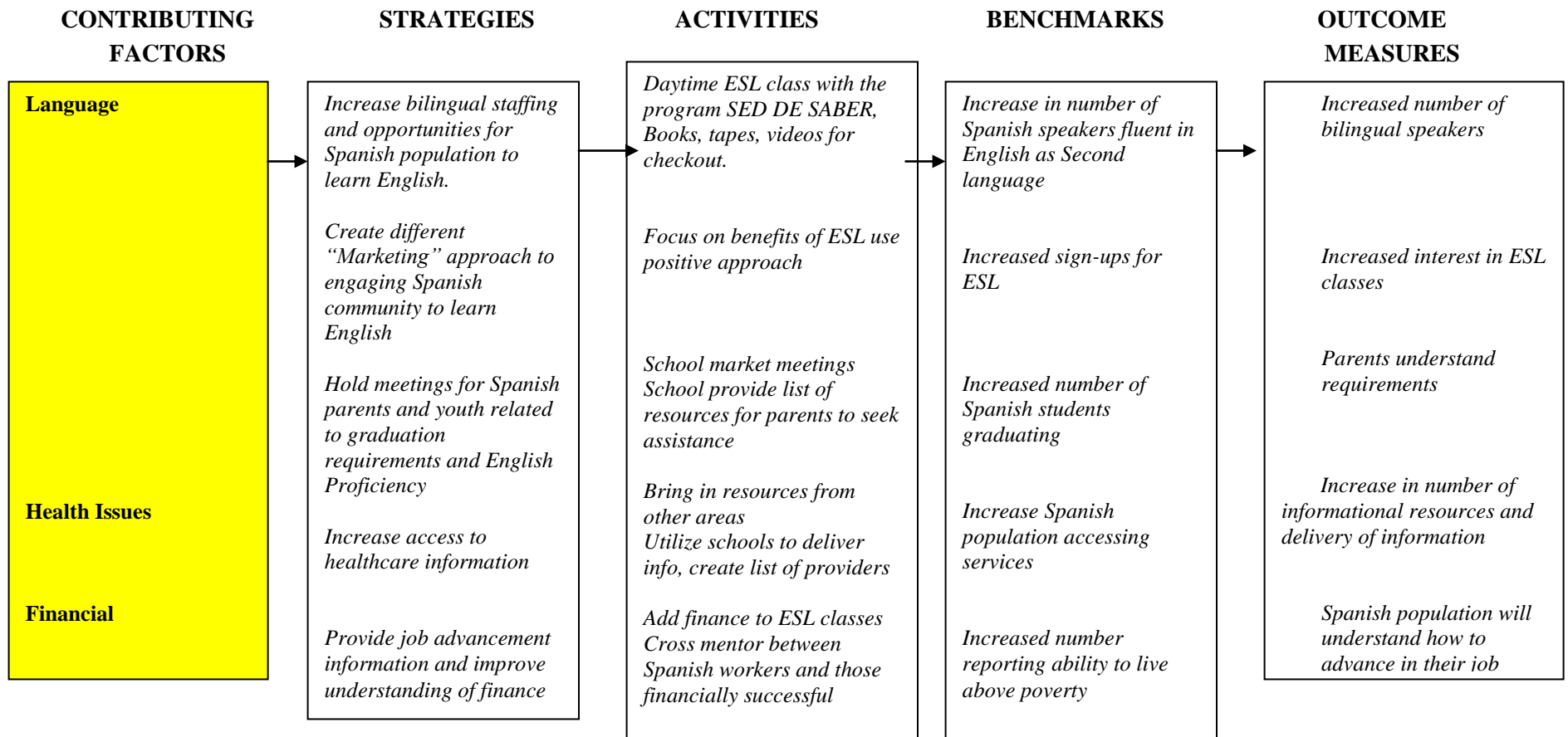
Keep numbers of people attending community events

Keep track of how many people receive materials

Hispanic Advisory Team Logic Model 2008-2009

PROBLEM: The Spanish population is not participating in the community efforts to reduce substance abuse, increase wellness and promote a strong economy: hence the need to build capacity for participation in coalition activities, locate gaps, prioritize strategies and seek funding to implement strategies.

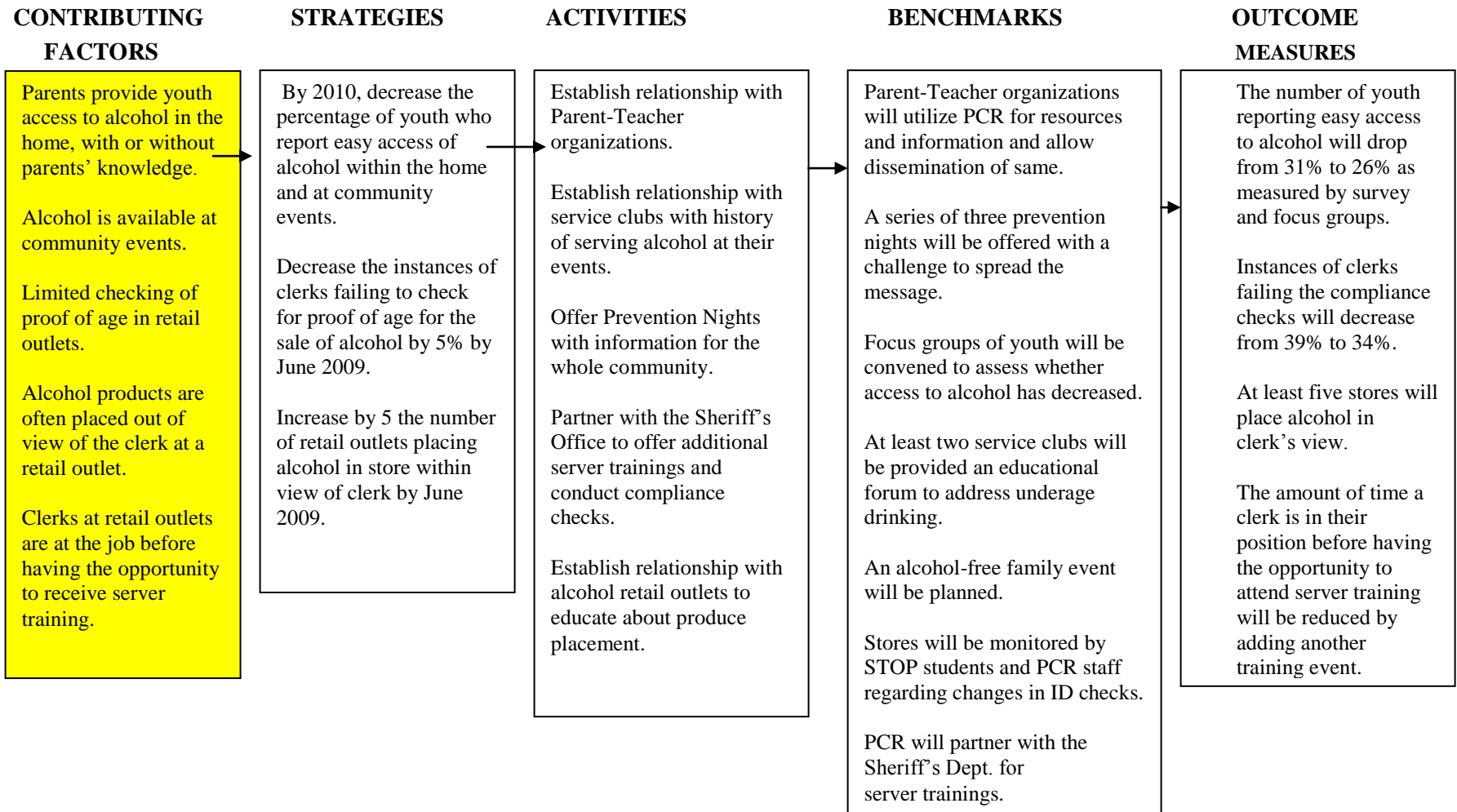
GOAL: The Spanish Community participates in community effort to reduce substance abuse, increase the number of bilingual speakers, increase wellness and promote a strong economy.



Alcohol Logic Models 2008-09

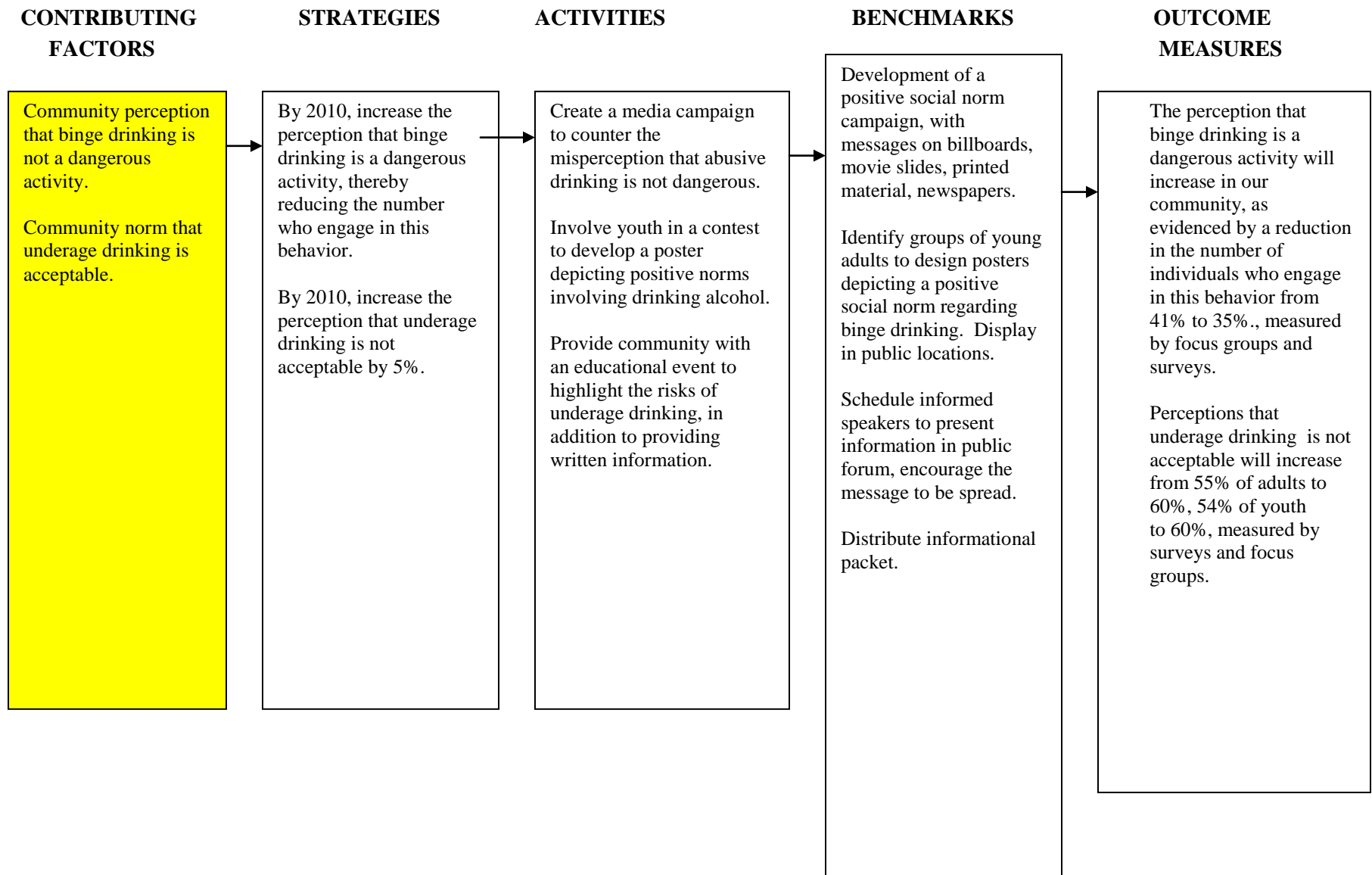
PROBLEM: Easy Access by Youth to Alcohol in Social Settings and at Retail Outlets.

GOAL: Decrease the availability of alcohol to underage drinkers at social events, at retail outlets, and in the home.



PROBLEM: In Douglas County, a norm accepting/encouraging abusive and underage drinking is prevalent.

GOAL: Decrease the strength of community norms that accept/encourage abusive and underage drinking.



Implementation

This section includes the identification of evidence-based programs, policies, and practices implemented to address the strategies outlined in the planning section. This involves taking action guided by the strategic plan.

POLICIES – ENVIRONMENTAL STRATEGIES that address substance use and abuse among the targeted populations:

- STOP: Students Taking On Prevention
 - Nevada’s Enforcing Underage Drinking Laws Project
 - Douglas County Teens Against Tobacco
 - Meth 101
- Community Trials Positive Marketing using Stand Tall and Statistics Class students
 - Annual survey development, analysis
 - T-shirt campaigns, commercials, movie slides
- PCR Methamphetamine Advisory Committee
 - Bulletin Boards
 - Curriculum development: community presentations
 - Training of community volunteers
- Purple Ribbon Coalition – reducing domestic violence
- Yellow Ribbon – preventing youth suicide
- Reach Out and Teach

PRACTICES that address issues identified in the strategic plan:

- Flex time for employees to tutor students
- Parent Network – parental supervision at youth parties and after school events
- Volunteers from businesses paid to participate in planning and delivering coalition events

PROGRAMS that address identified risk and protective factors and are culturally competent:

Availability of Drugs	Challenging College Alcohol Abuse (Targets 18-24 year olds) SAMSHA Model
	Communities Mobilizing for Change on Alcohol, SAMSHA Model
	Community Trials Intervention to Reduce High-Risk Drinking (RHRD)
Family Management and Conflict	Brief Strategic Family Therapy (BSFT)
	Staying Connected With Your Teen
	Lifeskills Training

	Positive Action
	Parenting Wisely (SAMHSA)
Academic Failure	Lifeskills Training
	Leadership and Resiliency Program (LRP)
	Reconnecting Youth
Alienation and Rebelliousness	Safe School Ambassadors at all Douglas Schools
	Responding in Peaceful and Positive Ways (RIPP)
	Community and school based Mentoring Programs
	Too Good for Drugs and Violence
Early Initiation	Implement Project Alert in schools
	Family Matters Model Program
	Creating Lasting Family Connections

The following strategies have been adopted by the Partnership to further the implementation of policies, practices, and programs in Douglas County:

- A. Review existing prevention programs to upgrade to recognized model programs or to apply guiding principles of effective prevention programs. Encourage and assist programs to work with the Center for Substance Abuse Prevention (CSAP) and the University of Nevada Reno to obtain model program status for innovative and effective programming.

Strategy: Provide access to model programs, list them as they relate to specific risk and protective factors.

- B. Educate the community about Douglas County's programs through information dissemination across all cultural, socioeconomic, generational, gender and agency lines.

Strategy: Revise, reprint and distribute the Resource Directory every two years.

Strategy: Market coalition activities, including youth members' involvement in environmental strategies through the STOP (Students Taking On Prevention) group.

Strategy: Improve upon the Partnership website, offering links to resources for parents, youth, agencies and businesses on any aspect of substance abuse prevention.

- C. Increase sector representation, attendance and involvement in coalition activities to include youth, parents, faith community, and government officials.

Strategy: Request Executive and Advisory Board Members to identify members of the community who represent the targeted sectors for recruitment to the coalition.

Strategy: Utilize expertise of new recruits while providing training necessary to participate as a valued member of the coalition.

Strategy: Empower youth to actively participate in environmental strategies, annual

events, and committee work through the STOP (Students Taking On Prevention) club and by seeking collaborative opportunities with other coalitions in the state.

Strategy: Bring the coalition to neighborhoods to strengthen communication and support issues specific to neighborhoods by holding meetings and activities within the boundaries of the neighborhood. Use focus groups to measure approval, disapproval, perception of risk or harm, and other core measures.

Strategy: Bring the coalition to the workplace by providing access to resources at the workplace site, as well as Partnership staff, Board Members, or Advisory Team members attending workplace meetings to provide Asset training or specific information pertinent to the work force.

Evaluation

This section involves measuring the impact of the *Strategic Prevention Framework* and the implemented programs, practices, and policies. The evaluation process is meant to be a tool that provides useful information to help coalitions in their work. Evaluation basically involves collecting, analyzing, and interpreting information about how a coalition implements its strategies and activities and what changes occur as a result.

The Partnership of Community Resources monitors all funded projects (Environmental and Model Prevention Programs) as well as success of events (trainings, workshops, or Prevention Education Nights) by developing research questions that, when answered, help determine the value of the project.

Data is collected via

- Pre/Post Surveys
- Focus Groups
- Observation
- Meeting Minutes/Marketing

Results are reported via

- Newspaper articles, Guest Opinions
- General Partnership and Advisory Team Meetings
- Published documents such as the Annual Report or Community Prevention Plan
- Quarterly reports to Funders

Decisions are made via

- Board of Directors, General Partnership and Advisory Team members determine means of sustaining successful programs and seeking new programs to fill gaps

Celebrations occur via

- Annual Meeting held in late spring honoring recipients of Community Partner Awards
- During Community Prevention Nights when time is taken to honor contributors

Functions of Evaluation

Improvement: keeping track of what is or is not working and making necessary changes along the way.

Coordination: spending valuable coalition meeting time on brainstorming and problem solving rather than just "show and tell."

Accountability: reporting the results of the coalition's efforts to stakeholders, the community, and funders, including what worked, what didn't work, and lessons learned.

Celebration: taking time to observe and celebrate hard-won successes.

Sustainability: deciding what strategies to let go of, being creative about options for sustaining the work and the coalition, and identifying what must be sustained, what resources are required, and what strategy is the best match. In short, nurturing the life of the group.



Acknowledgements

Partnership of Community Resources Board of Directors,

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Cheryl Bricker, Executive Director, Team Leader

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Amanda Johnson, Lake Prevention Coordinator

Becky Hanson, Methamphetamine Education

Neyzer Torres, Hispanic Projects Coordinator

Debra Higginson, Financial Comptroller

Douglas County Sheriff's Office

Douglas County School District

Douglas County Explorers

CASA and the Carson Valley Children's Center

Melinda Matus, PCR Data and Media Relations

Martie Washington, Grants Manager

Carson Valley Medical Center

American Lung Association, Reno NV

Washoe Tribe of Nevada and California

2007 - 2008 STOP Officers

Douglas County Social Services

Carson Valley United Methodist Church

Family Support Council

Big Brothers Big Sisters of Northern Nevada

State of Nevada Children's Services Division

Douglas County Public Library

Douglas Mental Health

Community Health Nurse

UNR Cooperative Extension, Douglas County

Douglas County District Attorney

Douglas County Alternative Sentencing

Tahoe Youth & Family Services

Drug Use Is Life Abuse (DUILA)

Valley Christian Fellowship

Nevada Hispanic Services
Alpine County Health Department
Douglas County Juvenile Probation
Suicide Prevention Network
SAMHSA (Substance Abuse & Mental Health Services Administration)
Rite of Passage
Lloyd Higuera
Michael Smith
The Record Courier
Carson Valley Chamber & Visitors Authority



CSAP (Center for Substance Abuse Prevention)
NIDA (National Institute of Drug Abuse)
SAPTA (Substance Abuse Prevention and Treatment Agency)
WestCAPT, University of Nevada Reno
State of Nevada, Health Division
Fund for a Healthy Nevada
State of Nevada Division for Aging Services
TRIAD of Douglas County
Smallwood Foundation
Hall Foundation
Douglas County Commissioners
Boys and Girls Club of the Carson Valley
Carson Valley Kiwanis
Tahoe Douglas Rotary
Office of Criminal Justice Carson City
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